



ORTHOPTIC CLINIC
TYNEMOUTH ROAD HEALTH CENTRE
TYNEMOUTH ROAD
TOTTENHAM
LONDON N15 4RH
020 3224 4429
shakilpatel@nhs.net

Monday 17th October 2016

Dear Parent/Guardian

VISION SCREENING OF RECEPTION CLASS CHILDREN

As part of the School Health Surveillance programme your child will have an eye test by a specially trained person (Orthoptist) carried out on Friday 25th November.

If for any reason you do not wish your child to have this test please complete the slip below and return it to the School Office.

Please also let the school Pastoral Care Team know if your child has had any eye problems in the past or is currently having treatment.

After the test, you will only be contacted if your child requires further testing.

Yours faithfully

Mr Shakil Patel BSc (Hons), PG Dip Ophth
Highly Specialised Orthoptist

PLEASE ONLY RETURN SECTION BELOW IF YOU DO NOT WISH YOUR CHILD TO HAVE AN EYE TEST



I **DO NOT** wish my child to have an eye test at school.

Child's name

Class

School

Parent/Guardian signature.....